RECORDING REQUESTED BY

85534

AND WHEN RECORDED MAIL TO

Name Sylvia H. Russell
Street Address 11836 3rd Street
City & State Yucaipa, California 92399

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA,
County of Eureka } ss.

Sylvia H. Russell, of legal age, being duly sworn, deposes and says:

That Charles Seaman Russell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles S. Russell named as one of the parties in that certain Grand Deed dated March 23, 1981 executed by Charles S. Russell and Benjamin P. Russell to Charles S. Russell and Sylvia H. Russell, Husband and Wife as joint tenants, recorded as Instrument No. 80077, on April 6, 1981, in Book 93, Page 590, of Official Records of Eureka County, Nevada ~~County, California~~ covering the following described property situated in the County of Eureka, State of ~~California~~ Nevada:

The East half of the North half of the North half of the South half of Section 31, Township 29, Range 52 East, M.D.B. & M.
Excepting therefrom all mineral rights.
Reserving unto grantors a non-exclusive easement from ingress & egress over the Southerly 12 feet of the herein above described property.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of $ 87,000.00

Dated 10-5-82

Sylvia H. Russell

VERIFICATION

I, the undersigned, say: I am the Surviving Tenant (Surviving Tenant or Agent) the Declarant of the foregoing Affidavit; I have read the foregoing and know the contents thereof; the same is true of my own knowledge.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 5, (Date of signature.), 19 82, at Yucaipa (City where signed.), California.

Sylvia H. Russell
(Personal signature of the individual who is swearing that the contents of the Affidavit are true.)

This standard form covers most usual problems in [illegible] sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

AFFIDAVIT - DEATH OF JOINT TENANT
WOLCOTTS FORM 389 - REVISED 4-73

COPY

(Individual)

STATE OF CALIFORNIA
COUNTY OF San Bernardino } SS.

On OCTOBER 5, 1982 before me, the undersigned, a Notary Public in and for said State, personally appeared Sylvia H. Russell

known to me to be the person XX whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Fred B. White
Fred B. White
Name (Typed or Printed)

FRED B. WHITE
NOTARY PUBLIC
SAN BERNARDINO COUNTY
CALIFORNIA
My Commission Expires June 13, 1984

STAPLE HERE — THIS FORM FURNISHED BY ORANGE COAST TITLE

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Charles	Seaman	Russell	January 17, 1982	1005

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE
Male	White		January 7, 1904	78 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Scotland
9. NAME AND BIRTHPLACE OF FATHER: Benjamin Russell - Scotland
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Elizabeth Seaman - Scotland
11. CITIZEN OF WHAT COUNTRY: USA
12. SOCIAL SECURITY NUMBER: [redacted]
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Sylvia Yannke
15. PRIMARY OCCUPATION: Die Setter Foreman
16. KIND OF BUSINESS/INDUSTRY: Adult Life
17. EMPLOYED BY (IF SELF-EMPLOYED, SO STATE): Cutler - Hammer
18. KIND OF BUSINESS/INDUSTRY: Punch Press

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11836 3rd St
19B. 0870
19C. CITY OR TOWN: Yucaipa
19D. COUNTY: San Bernardino
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Sylvia Russell - wife, 11836 3rd St. Yucaipa, Ca. 92399

PLACE OF DEATH

21A. PLACE OF DEATH: San Bernardino Co Medical Center
21B. COUNTY: San Bernardino
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 780 East Gilbert Street
21D. CITY OR TOWN: San Bernardino

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Massive acute bronchopneumonia	Days
DUE TO, OR AS A CONSEQUENCE OF (B)	Debility	Months
DUE TO, OR AS A CONSEQUENCE OF (C)	Invasive carcinoma of right ear canal	Years

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATED ON LINE (A). LEAVE CLEAR LAST.

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS SURGERY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes

23. DISEASE CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: None
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: None DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER DA. MO. YR.): 1-14-82. LAST SAW DECEDENT ALIVE (ENTER DA. MO. YR.): 1-17-82
28B. PHYSICIAN'S SIGNATURE AND TITLE: Allan C Kavalich MD
28C. DATE SIGNED: 1/18/82
28D. PHYSICIAN'S LICENSE NUMBER: C29326
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Allan C Kavalich, M D, 780 East Gilbert Street, San Bernardino, California

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
31. INJURY AT WORK
32A. DATE OF INJURY (MONTH, DAY, YEAR)
32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE MADE AN (INQUIRY/INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED

36. DISPOSITION: Cremation
37. DATE—MONTH, DAY, YEAR: 1-19-82
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Evergreen Crematory - Riverside
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Neptune Society - Riverside 1307
41. LOCAL REGISTRAR—SIGNATURE
42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 18 1982

STATE REGISTRAR

A. 6-1-22	B.	C.	D.	E.	F. 7732

VS-11 (10-78)

This must be in red to be a "CERTIFIED COPY."

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF SAN BERNARDINO

RECORDED AT REQUEST OF Sylvia H. Russell
BOOK 106 PAGE 20

82 OCT 12 P 3:03

OFFICIAL RECORDS
ELKO COUNTY, NEVADA
WILLIS A. BEPAGLI-RECORDER
FILE NO. 85534
FEE $5.00

BOOK 106 PAGE 021